

SECTION 15. PRIOR AUTHORIZATION

Providers are required to seek prior authorization for certain specified services **before** delivery of the services. In addition to services that are available through the traditional Medicaid Program, expanded services are available to children 20 years of age and under through the Healthy Children and Youth (HCY) Program. Some expanded services also require prior authorization.

The following general guidelines pertain to all prior authorized services.

- A Prior Authorization (PA) Request (yellow form) **must** be completed and mailed to: Verizon, P.O. Box 5700, Jefferson City, MO 65102. Providers should keep a copy of the original PA Request form, as the form is not returned to the provider.
- The provider performing the service **must** submit the PA Request form. Sufficient documentation or information **must** be included with the request to determine the medical necessity of the service.
- The service **must** be ordered by a physician, nurse practitioner, dentist, or other appropriate health care provider.
- Do **not** request prior authorization for services to be provided to an ineligible person. Authorization considers medical necessity only and does not examine eligibility.
- Expanded HCY (EPSDT) services are limited to recipients 20 years of age and under and are **not** reimbursed for recipients 21 and over even if prior authorized.
- Prior authorization does **not** guarantee payment if the recipient is or becomes enrolled in managed care and the service is a covered benefit.
- Payment is **not** made for services initiated before the approval date on the PA Request form or after the authorization deadline. For services to continue after the expiration date of an existing PA Request, a new PA Request **must** be completed and mailed.

Whether the prior authorization is approved or denied, a disposition letter will be returned to the provider containing all of the detail information related to the prior authorization request. Any other documentation submitted with the prior authorization request will not be returned with the exception of x-rays and dental molds. All requests for changes to an approved prior authorization should be indicated on the disposition letter and submitted to the same address as the original prior authorization request.

Instructions for completing the PA Request form are found in Section 8 of the Medicaid *Provider's Manual* available on the Internet at www.dss.mo.gov/dms.

PROCEDURES REQUIRING A PRIOR AUTHORIZATION

The following procedure codes require a Prior Authorization Request form.

11920	15833	19357	21122	43847-62	67900
11920-EP	15834	19357-50	21123	43848	67901
11921	15835	19361	21123-62	43848-62	67901-50
11921-EP	15836	19361-50	21125	50365	67902
11922-EP	15837	19364	21127	50365-50	67902-50
11960	15838	19364-50	21127-62	50365-62	67902-62
11970	15839	19366	21188	50365-6250	67902-6250
11971	17999-EP	19366-50	21194	50547	67903
11981	19316	19367	21230	50547-50	67903-50
11982	19316-50	19367-50	21235	50547-62	67903-62
11983	19318	19368	21260	50547-6250	67903-6250
15780	19318-50	19368-50	21260-62	54152	67904
15781	19324	19369	21261	54161	67904-50
15782	19324-50	19369-50	21261-62	54162	67904-62
15786	19325	19370	21720	54163	67904-6250
15787	19325-50	19370-50	21725	54164	67906
15810	19328	19371	21725-62	56805	67906-50
15811	19328-50	19371-50	26580	56805-62	67908
15820	19330	19380	26590	57335	67908-50
15820-50	19330-50	19380-50	43659	57335-62	67909
15821	19340	20974	43659-50	58345	67909-50
15821-50	19340-50	21086	43842	58345-50	67923
15822	19342	21086-50	43842-62	58345-62	67923-50
15822-50	19342-50	21087	43843	58345-6250	67924
15823	19350	21088	43843-62	65767	67924-50
15823-50	19350-50	21120	43846	65767-50	69300
15831	19355	21120-62	43846-62	65780	69949-EP
15832	19355-50	21121	43847	65782	92391-EP